

# TESTIMONY COVER SHEET

FOR

## **Wilbert Jones**

Chief Executive Officer, Greater Meridian Health Clinic  
Meridian, Mississippi

Before the House Energy & Commerce Committee

Subcommittee on Health

*On December 4, 2007*

### Summary:

In 1992, Congress enacted legislation to allow Federally Qualified Health Centers to be covered under the Federal Tort Claims Act (FTCA). Prior to the 1992 law, health centers obtained malpractice insurance to cover their medical and professional staff. Congress extended FTCA coverage to Health Centers (42 USC 233 section (g)), in order to expand the availability of care, subject to appropriations specifically identified for this purpose. Health center appropriations were first identified for FTCA coverage in 1996 and have continued since that time. For FY07, Congress appropriated \$45 million within the Health Center program for FTCA coverage. A recent estimate put the savings for health centers at nearly \$200 million when compared to similar malpractice insurance coverage.

During Hurricanes Katrina and Rita several health centers sent medical staff to the affected areas in order to help. Unfortunately, HRSA “clarified” in a Program Information Notice (PIN #2006-9) that health center medical staff would not be covered under FTCA even if they were serving in a covered health center. H.R. 870 would clarify that health center FTCA coverage could extend across state lines in emergencies. In the original statute, FTCA coverage was provided for “any officer, governing board member, or employee of such an entity, and any contractor of such an entity who is a physician or other licensed or certified health care practitioner”. In addition, the employees must be full-time staff, thereby eliminating volunteers from coverage. H.R. 1626 adds volunteer physicians (including licensed psychologists) to the list of covered individuals.

Greater Meridian Health Clinic, Inc. (GMHC) in Meridian, Mississippi was established in 1986, and serves the medically-underserved residents of the rural Lauderdale, Kemper, Noxubee, Winston, and Oktibbeha Counties. GMHC is a private, non-profit organization that operates six sites and a mobile health unit and provides basic primary, preventive, dental and key enabling services.

GMHC was severely affected by Hurricane Katrina, as the center sought to serve its patients and participate in the response to the disaster. The center would benefit from having the assistance of health center staff willing to assist them in these efforts in the future and whose FTCA coverage extends across state lines, as outlined in H.R. 870. Additionally, GMHC would welcome a clarification to the FTCA statute that would allow volunteer physicians to serve at health centers and be accountable to patients, as specified in H.R. 1626.

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Chairman Pallone, Rep. Deal and Members of the Subcommittee, I am honored to have the opportunity to be here today to speak with you about the Health Centers program and several pieces of Federal Tort Claims Act legislation that would help health centers to better deliver care in underserved communities. As Chief Executive Officer of the Greater Meridian Health Clinic, in Meridian, Mississippi, I want to express my deep appreciation for the support that the Subcommittee has demonstrated for the Health Centers program and the patient-centered model of primary health care that we practice everyday in our rural Mississippi community.

**Importance of Reauthorizing the Health Centers Program**

First, I want to take a moment to extend a heartfelt thank you to my Congressman, Rep. Pickering and Rep. Green for introducing H.R. 1343, the "Health Centers Renewal Act," legislation that would reauthorize the program for the next five years. Our patients, Board and staff support this bill, the number one priority of health centers across the country. H.R. 1343 would renew the core elements of the program, especially the patient-majority community board and would authorize much needed additional funding so that we can serve even more individuals in our community who need our help. I'm happy to hear that H.R. 1343 is supported by a majority of the Members of the Subcommittee and full Committee and 230 Members of Congress, and we are pleased that the bill is the vehicle for the Committee's consideration of health centers reauthorization.

I also want to thank Chairman Pallone and Rep. Deal for leading the effort to secure FY 2008 increased funding for my health center and centers across the country, with their successful Dear Colleague letter to the House Appropriations Committee earlier this year that called for an \$200

million increase in funding, to bring health centers to an \$2.188 billion overall funding level for FY 2008, the same level proposed in H.R. 1343. That letter was also signed by a majority of Congress.

Rep. Deal, I am particularly grateful to you for asking me to talk to the Committee about the importance of enacting several clarifications to the Federal Tort Claims Act statute that will allow health centers like mine to successfully confront public health emergencies and stem workforce shortages at our health centers.

### **The Greater Meridian Health Clinic Story**

To better understand the importance of these needed changes, allow me to tell you a little about our health center. Greater Meridian Health Clinic, Inc. (GMHC) was established in 1986, and serves the medically-underserved residents of the rural Lauderdale, Kemper, Noxubee, Winston, and Oktibbeha Counties. A private, non-profit organization, we have six sites and a mobile health unit located in towns in our service area. We pride ourselves on being a one-stop shop for the provision of basic primary, preventive medical care, onsite dental care and pharmacy services

Additionally, our center provides key enabling services, such as transportation, and outreach that help ensure that our patients truly have access to the care we deliver. Further, we have arrangements to provide medical care and dental screenings for our local Head Start programs, medical and dental screenings for residents of public housing and homeless shelters in our area, and primary care clinical training arrangements with several colleges and universities.

I am very proud of our Board of directors. Greater Meridian Health Clinic would simply not be the same without our Board, who make sure that we are constantly connected with our community. Our Board members reflect the residents of the neighborhoods that we serve. I am equally proud of our staff, which now is over 100 employees strong, including health care providers, and administrative staff to support our patients in our seven sites.

## **Importance of the Health Centers Federal Tort Claims Act in Removing Barriers to Care**

As the Health Centers program has grown over the past five decades, Congress has recognized and removed a number of key barriers that could potentially keep centers from expanding and enhancing the delivery of health care services to medically-underserved individuals.

Congress addressed one such barrier in 1992, when it enacted legislation to allow Federally Qualified Health Centers to be covered under the Federal Tort Claims Act (FTCA). Prior to the 1992 law, health centers were purchasing malpractice insurance to cover their medical and professional staff and ensure that centers were held accountable for the care that they provide. Congress extended FTCA coverage to Health Centers (42 USC 233 section (g)), in order to expand the availability of care, subject to appropriations specifically identified for this purpose. Health center appropriations were first identified for FTCA coverage in 1996 and have continued since. For FY07, Congress appropriated \$45 million within the Health Center program for FTCA coverage. A recent estimate put the savings for health centers compared to similar malpractice insurance coverage at nearly \$200 million.

In the wake of Hurricane Katrina, which passed over our community in 2005, the urgent need for further clarification of the FTCA statute came to light. Greater Meridian Health Clinic was severely affected by the storm, as we sought to serve its patients and participate in the response to the disaster. Three of our sites were directly affected by the hurricane, and our main site was offline for a short period of time. When considering the toll the storm took on our sites, we estimate that we sustained over \$500,000 in damage and lost revenue. Additionally, my entire staff were affected in some way by the devastation, as they coped with damage to their homes, cars, fallen trees and impassable roads. In fact, several of my employees had to be helped out of their garages because they couldn't lift the non-functioning electric doors by themselves.

Despite the personal challenges our center faced in dealing with Katrina, our staff rose to the occasion, and didn't abandon our patients. In the wake of Hurricane Katrina, the number of medically-underserved individuals in our community swelled, as we struggled to serve not only our regular patients, but a tremendous number of evacuees fleeing the storm. However, additional

assistance from our sister health centers from across the country would have been extremely helpful in those days, weeks, and months after the storm.

A number of health centers from outside Mississippi would have gladly come down to help relieve my staff dealing with a tremendous influx of patients and to provide respite for our weary providers. I know that this is also true of my fellow health centers in the Gulf, some of which were devastated by the Hurricane. Health centers from across the country packed their vans and sent their mobile teams to our states to help.

Unfortunately, the Health Resources and Services Administration “clarified” in a Program Information Notice (PIN #2006-9) that health center medical staff would not be covered under FTCA once they crossed state lines even if they were serving in a covered health center. I am concerned that this policy severely affected the health center response in my state and other states, and don’t want to see the same situation could arise in other public health emergencies, potentially preventing health centers from going to where patients need their services.

We need assurances that FTCA coverage is updated in order to ensure a timely and effective response to a public health disaster. My center and others would have benefited from having the assistance of health center staff, willing to assist them in these efforts in the future. Health centers have great experience in treating medically-underserved individuals and it is common sense and good policy to allow our sister centers to assist in times of public health emergencies. There is legislation, H.R. 870, sponsored by Rep. DeGette and the late Rep. Paul Gillmor, which would amend the FTCA statute to allow health centers’ FTCA coverage to extend across state lines in public health emergencies.

For many communities, including Greater Meridian, the health center is the first place people may turn in the event of a public health emergency. Many health centers sit near state lines and draw patients from several states, and may be the nearest source of primary care should an emergency occur. The FTCA-deemed health center at which the clinicians are employed or contracted would offer clinical services on a temporary basis and continue to pay their clinicians to provide preventive and primary health care services at these new sites. Their clinicians have

already been credentialed and privileged in the center's home state. While the patients served have not been health center patients previously, they will become so at the point at which the health center provides them with clinical services. I believe this legislation is a positive step for health centers and urge the Committee to support it.

Additionally, GMHC would welcome a clarification to the FTCA statute that would allow volunteer physicians to serve at health centers and be accountable to patients, as specified in H.R. 1626, sponsored by Rep. Tim Murphy and Rep. Susan Davis. In the original statute, FTCA coverage was provided for "any officer, governing board member, or employee of such an entity, and any contractor of such an entity who is a physician or other licensed or certified health care practitioner". In addition, the employees must be full-time staff, thereby eliminating volunteers from coverage. H.R. 1626 adds volunteer physicians (including licensed psychologists) to the list of covered individuals.

This legislation would be a welcome development for health centers, including Greater Meridian, for whom recruitment and retention of medical staff is a continual challenge. We have been pleased to have several physicians who have donated their time to see our patients, and we would like to accommodate more providers who want to volunteer at Greater Meridian. However, the confusion surrounding medical liability coverage often makes this challenging and sometime prohibitive. Unfortunately, the liability protection afforded to health center physicians under the Federal Tort Claims Act (FTCA) does not currently cover doctors who wish to volunteer their time – causing undue confusion at health centers. In turn, many health centers have been reluctant to recruit volunteer physicians for fear that the current malpractice coverage may be inadequate or insufficient.

At Greater Meridian, we take the spirit of volunteerism to heart. We believe that extending FTCA coverage as outlined in H.R. 1626 will provide an incentive to clinicians who would volunteer to deliver critically needed health care services to patients at health centers. H.R. 1626 will help the workforce shortages with which health centers are struggling and, most importantly, give more doctors an opportunity to further contribute to the collective health of their communities.

## **Conclusion**

Greater Meridian Health Clinic deeply appreciate the commitment and support of Congress for the Health Centers program over the past four decades, including the enactment of Federal Tort Claims Act legislation that has allowed health centers to be covered for medical liability and be held accountable for services provided at their centers. Since the enactment of the FTCA statute, several key challenges, such as health centers growing role in the response to public health emergencies and the looming primary workforce shortage have arisen. Health centers look forward to working with Member of the Subcommittee to ensuring that not only is the Health Centers program reauthorized this year but that clarifications to the FTCA statute can also be considered in order for centers to continue to deliver high-quality, cost-effective health care services. Thank you once again and I would be happy to answer questions from the Committee.